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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE for correspondence including the Issue Fee Receipt, the Patent, advanced orders in Block 1 or fees you direct otherwise, by: (a) specifying a new correspondence address for maintenance fee notifications with the payment of Issue Fee or thereafter.

Blocks 2 through 6 should be completed where appropriate. notification of maintenance fees will be mailed to addressee in Block 3 below; or (b) providing the PTO with a separate **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
THE SCRIPPS RESEARCH INSTITUTE OFFICE OF PATENT COUNSEL 10666 NORTH TORREY PINES ROAD MAIL DROP TPC 8 LA JOLLA, CALIFORNIA 92037	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/715,397	06/14/91	002	LEE, 1	1811 01/15/93
First Named Applicant: COCHRANE, CHARLES G.				
TITLE OF INVENTION: PULMONARY SURFACTANT PROTEIN AND RELATED POLYPEPTIDE				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 SCR0395P	514-012.000	166	UTILITY	NO	\$1170.00	04/15/93

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Douglas A. Bingham
	2 Thomas Fitting
	3 April C. Logan

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080 KJ 04/07/93 07715397

1 142 1,170.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE: THE SCRIPPS RESEARCH INSTITUTE	<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)
(2) ADDRESS: (City & State or Country) 10666 N. Torrey Pines Road, La Jolla, CA 92037	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-0962 (Enclose Part C)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION California	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)
<input type="checkbox"/> This application is NOT assigned.	<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	(Signature of party in interest of record) (Date)
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	April C. Logan 4.1.93
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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